



**QUEEN'S
UNIVERSITY
BELFAST**

HPV vaccine acceptance in males: a psychosocial perspective

Prue, G., & Santin, O. (2015). *HPV vaccine acceptance in males: a psychosocial perspective*. Poster session presented at All Ireland Cancer Consortium Conference 2015 - New horizons for cancer: removing boundaries, Belfast, United Kingdom. <http://www.qub.ac.uk/research-centres/CentreforCancerResearchCellBiology/Impact/EventsSeminars/AICC2015/>

Document Version:
Other version

Queen's University Belfast - Research Portal:

[Link to publication record in Queen's University Belfast Research Portal](#)

Publisher rights
Copyright 2015 The Authors

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.



HPV Vaccine Acceptance in males: a psychosocial perspective

Gillian Prue, Olinda Santin

School of Nursing and Midwifery, Queen's University Belfast [g.prue@qub.ac.uk]

INTRODUCTION

Human Papillomavirus (HPV) is one of the most **common sexually transmitted infections worldwide**, nearly all men and women will be exposed to it at some point in their lives. HPV infection is well-recognised as a causative agent in **cervical cancer**, but it is also associated with other anogenital tumours, oropharyngeal cancers, and genital warts, meaning that it also has **serious health consequences in males and females**.

Despite this, there is substantial debate around **the inclusion of males in HPV vaccination programmes**.

Only the United States (US), Australia, Austria, Israel, and two Canadian provinces currently **recommend a gender neutral vaccination programme**. Many European countries do not include men, and focus on achieving a high coverage in females to **promote herd protection**.

A female only vaccination strategy does however leave a number of men vulnerable to HPV infection, particularly **men who have sex with other men (MSM)**, and men who have sex with **unvaccinated females**.

A proposed solution could be to **offer the vaccine to MSM at a sexual health clinic**; however, for the HPV vaccine to be most effective **it should be given in adolescence**, before exposure to HPV through sexual contact.

The UK is currently considering the merit of extending the HPV vaccination programme to adolescent boys.

There is a need for a concerted effort to **promote the vaccination for boys** in established vaccine programmes and to **maximise uptake** in other countries before a decision to extend the vaccine is made.

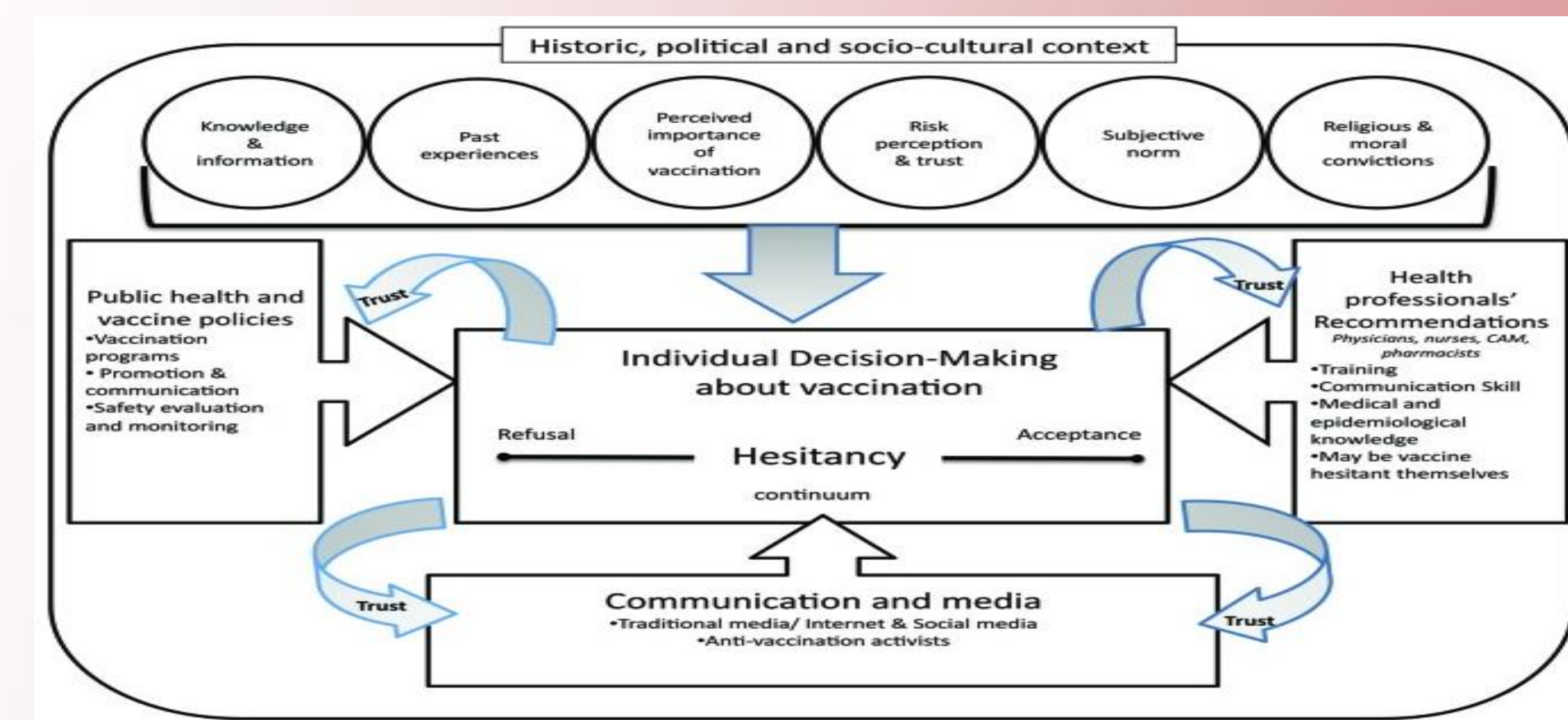
AIM

The aim of this **scoping review** was to **synthesize the evidence on vaccine acceptability to males**. Given that the vaccine is most effective in adolescent males, vaccine acceptance in **parents** and **health care professionals (HCPs)** was also examined.



VACCINE ACCEPTABILITY

[Conceptual Model; 4. Dube E, Laberge C, Guay M, Bramadat P, Roy R, Bettinger J. Vaccine hesitancy: an overview. Human Vaccines and Immunotherapeutics 2013;9:1763-1773]



SUMMARY OF FINDINGS

There is a **positive attitude towards male HPV vaccination** from both parents and adult males. **Adolescent boys knowledge and awareness of HPV is low**. **Understanding risks** involved in acquisition, and **receiving a recommendation from a HCP** appear to be major factors involved in males deciding to be vaccinated. Parents consistently report the importance of a HCP recommendation, yet **HCPs (in the US) appear to have a preference for vaccinating older than younger adolescents, and for vaccinating females**.

Majority of research is **cross-sectional and not guided by a theoretical framework**.

Currently **no definition of vaccine acceptance** and **no universally accepted tool** for its measurement. This makes **comparison of studies problematic**, making it difficult to draw conclusions and to develop methods to enhance vaccine acceptance.

RESEARCH RECOMMENDATIONS

Development of a valid and reliable measure of vaccine acceptance.

More **prospective longitudinal studies** to determine if vaccine acceptance leads to actual vaccine uptake and to identify the factors that influenced the change.

Studies guided by a theoretical framework around decision making, for example, the **Precaution Adoption Process Model (PAPM)**. This model applied in a longitudinal survey would allow for the crucial identification of factors that caused the change in health behaviour.

POLICY AND PRACTICE RECOMMENDATIONS

Insufficient knowledge of HPV in adolescent boys reflective of information campaigns focused on cervical cancer. **Need better health education and public information to maximise awareness that HPV has health implications in males and females and therefore should be the concern of both sexes**.

Knowledge and acceptance are not always correlated, i.e. an adolescent may consider vaccination without adequate knowledge, **HCPs responsible for vaccination should extend education beyond vaccination to transmission and other prevention measures**.

In the absence of a school based vaccination programme, it can be challenging to achieve high rates and to ensure all doses are received in a timely manner. The US, for example, may never achieve high female or male vaccination rates. It is even more imperative therefore to accurately understand vaccine acceptance to order to improve uptake.